

Note the Composition
L. D. Bulkley M.D.

The Dangers of Specialism in
Medicine.

BY

L. DUNCAN BULKLEY, A.M., M.D.,

Physician to the New York Skin and
Cancer Hospital,

Consulting Physician to the New York
Hospital, etc.

Reprinted from

BULLETIN OF THE AMERICAN ACADEMY
OF MEDICINE. VOL. III. No. 7.





The Dangers of Specialism in Medicine.¹

BY L. DUNCAN BULKLEY, A.M., M.D., Physician to the New York Skin and Cancer
Hospital, Consulting Physician to the New York Hospital, etc.

The American Academy of Medicine has always represented the highest altruistic aspect of the medical profession, and few medical societies, I think, have ever been actuated by more unselfish principles, or have aimed higher for the real benefit of the profession to which they belong. To be President of this association is, therefore, the highest position attainable, and it is needless to say that I feel most deeply sensible of, and grateful for the quite unmerited honor of being called to preside over your learned deliberations. I am still more sensible of my unworthiness when I look back at the line of distinguished men who have preceded me during the last twenty-two years, and when I remember how little I have done to advance the work and interests of the Academy, during the nearly twenty years of my connection with it.

But regrets are only valuable as they serve as a stimulus to increased zeal and effort; and many of us, I think, may well repent of lack of earnestness in forwarding the objects of the Academy, and may well resolve to strive harder, hereafter, to advance not only its interests but the highest and best interests of the profession to which our lives are devoted. I suspect that our

¹ The President's Address, before the American Academy of Medicine, at its meeting in Denver, June 6, 1898.

noble and indefatigable secretary is almost the only one to whom this stricture is not more or less applicable.

The Academy has had a singularly peaceful and increasingly useful life. Beginning in a very small and unobtrusive manner it has steadily grown in strength and importance, until now it represents an influence, exerted by the educated men of the medical profession, which is second to none in this country. The high class of work which has been done at its sessions, and the interesting and valuable contributions on our program for this meeting are such as must command the respect of thinking men, and exert an influence for good which will never be measured.

It is certainly encouraging that there has been such a steady and healthy growth in the roll of the Academy; it now numbers between 700 and 800 members, residing in 39 different states of the Union, besides those in the army and navy, Canada, and elsewhere. All the academic colleges of any note are represented in our ranks, and it is safe to predict that our numbers will grow and its influence extend with the coming years, until all who are eligible will be glad to be enrolled as members of this guild of college-educated medical men.

With the growth of the Academy its usefulness has certainly increased, and the admirable arrangements of later years, whereby there have been topics for discussion by a number of gentlemen, have certainly contributed very materially to the interest of its meetings and the effectiveness of its work. Many aspects of education have been considered, and many matters have been presented relating to the best development of the medical profession. As yet, however, very little has been said in reference to the development of specialties in the profession, although these form a very important feature in the actual medical work of to-day. I think the Academy might well devote some time at a future meeting to the exchange of views regarding such topics as "The Education and Training of the Special Consultant;" "How Far has Specialism Benefited the Ordinary Practice of Medicine?" "What are the Duties and Privileges of the Special Consultant?" "The Proper Limit of Specialism in Medicine;" etc.

On two former occasions¹ I ventured to bring some thoughts before you on "Specialties and Their Relation to The Medical Profession," and "On the Relation between the General Practitioner and the Consultant or Specialist," and I would like now to direct your attention for a few moments to some of "The Dangers of Specialism in Medicine."

First let me, in a few words, define what I consider to be the present status of the special consultant in the medical profession; this may be stated in a few propositions which all will be inclined to accept without controversy.

1. The science and art of medicine, has, in company with other sciences, become so vast and extended that no one mind is capable of fully grasping and perfectly understanding every portion of it, and practising in every line in the best manner possible. Every medical man is unconsciously more or less of a specialist, or more qualified in certain lines of knowledge and experience than he is in many others.

2. Specialism is, therefore, a natural, healthy outgrowth from general medicine, as one and another person engaged in the study and practice of medicine has emphasized and developed one portion or another of the vast field in which all have labored.

3. Specialties have aided greatly in the advancement of the science and practice of medicine, by the concentration of thought and experience in special directions, and by collecting and utilizing large numbers of cases for the instruction of those engaged in medical study and practice.

4. The several branches or specialties, into which medicine is divided, are each so great and extensive, that the study and practice of one branch is sufficient to fully occupy the time and thought of any one individual, it being difficult even to follow completely all the advances pertaining to any one particular line or department of medicine.

5. In order to properly follow and develop one of the specialties in medicine, the medical man should be particularly well educated, theoretically and practically, in all the departments of medicine, and should have experience in general medical practice before taking up any special branch. The highest and best type of a specialist is one who, after thorough training and ex-

¹*Journal of the American Medical Association*, Dec. 13, 1884; Feb. 2, 1889.

perience as a general practitioner, develops a special branch in his practice, and, more or less gradually, comes to devote the greater part or all of his time to the same. In other words the specialist should be a good physician *plus* the particular knowledge of his specialty; or, as some one has put it, he should know something of everything, and everything of something.

The tendency to specialism in medicine cannot be arrested: First, because the vastness of medical science demands it, and, secondly, because the public require and will pay for the highest attainable knowledge, experience, and success in this as in all other matters relating to human comfort and welfare.

This being the case it remains for the medical profession to seek to so influence and mold medical and public opinion that this great and important part of medical practice shall be conducted in the best manner attainable. It seems to me that the American Academy of Medicine can do much toward the accomplishment of this very desirable end, by repeated and proper agitation of the matter.

Having briefly considered the status and relations of medical specialism, let us look for a moment at some of the dangers growing out of the same and which may tend, if not checked, to a lower, rather than a higher, standard of education and practice in special lines.

First let us speak of the education of a specialist or special consultant. Fortunately the laws of the land compel the specialist to have a general medical education and to pass more or less of an examination on all the branches of medicine, in order to acquire the diploma which gives him the privilege and right to practise; the law also provides penalties for practising without a certain measure of qualification; otherwise it is feared that the standard of real medical knowledge among those practising specialties might be lower than it really is.

But the question arises, is the education commonly obtained sufficient to fit the specialist to practise in the best manner possible, and what are the educational dangers in connection with specialism in medicine, as actually existing at the present time? Pretty close observation has convinced me that there are dan-

gers in several directions. Let us first consider those relating to the education and preparation of the special consultant.

While it must be granted that the course of study in the medical colleges has greatly improved during the past 20 years, is it not true that the vast multiplication and increase of the matter offered to the medical student for his learning and absorption have put a tax on the mental powers of the young man which is about all he can possibly stand? The amount of material which he is required to digest and assimilate in the three or four years is really enormous, and can hardly be appreciated by those who have not had opportunities of personal acquaintance and association with recent medical students. At the close of the college course he has a mass of knowledge and information, largely about scientific and theoretical matters, compressed and condensed to such a degree that it is little wonder that the powers of observation and deduction are warped and there is little relish for, or appreciation of, the minor details and also the generalities of medicine, which form so important a part of all true and successful practice. I also claim that the tendency of the teaching of the schools, and, indeed, of many text-books, is too much towards the personal element, as exhibited in the various aspects of surgery and diagnosis, and with too much skepticism in regard to therapeutics, in the broadest sense. One has only to examine a number of recent graduates for interne hospital positions, and to be associated much with them in their hospital duties to understand fully what is meant by this criticism.

Such being, then, the first education of the embryo specialist, what is the future development of many specimens of this nineteenth century product of medical development—the special consultant?

First, let us recall the definition previously given of the highest and best type of a specialist. He is one who, after thorough training and practice as a general practitioner, develops a special branch in his practice, and, more or less gradually, comes to devote the greater part or all of his time to the same. This was true of most of them who were educated 25 or 30 years ago, and is true of many of those who have in times past shed

the greatest lustre upon the various departments of medicine and surgery.

But in the rush and hurry of these latter days this process is too slow and laborious, and the specialist must be produced to order on very short notice. Consequently, as in many other directions, the forces of nature and art rise to the emergency, but unfortunately, as in other lines, it is often "shoddy" that is produced.

Not only cannot the aspirant to a "specialty" afford now to waste long years in general practice, whereby he would gain acquaintance with the human system as a whole, which would be of inestimable value to him, if he only knew it, but unfortunately even a year or two spent as interne in a general hospital is often considered as unnecessary; for, says he, "You know I am going to practise a specialty." He intimates and often seems to believe that it is not necessary to know much of medicine outside of the specialty at which he is aiming. All this is not said in any wrong spirit of criticism but is suggested by what has come under my observation for some years past, and is uttered as a warning which those most interested in the well-being of the profession at large should seriously consider.

The would-be specialist of to-day too often plans to enter a specialty from the first, or while in the medical college, instead of being led into it by circumstances, after experience in general practice. With this end in view, if the means are at hand, he will often go at once abroad, immediately after graduating at a medical college, and by a longer or shorter stay at the principal capitals of Europe seek to become acquainted with the particular branch which has been chosen. Here again is a double error; for, with the rudimentary knowledge of general medicine acquired in college he is not fitted even to assimilate the clinical material which is at once given, much less to appreciate any relationships which the lesions of the particular organ may have to the general economy. The result is too often, very great attention to the diagnostic elements of the branch and very little attention to rational therapeutics, and practically no consideration of the greater relationships of the special diseases to the condition of the rest of the system. For-

unately the tide of general medical opinion is turning, and constitutional influences are beginning to be again recognized in many directions where local pathology held high sway a few years ago; but it often takes the young specialist a long time, and sometimes hard experience to find this out practically.

Returning to this country the newly-fledged specialist, with an illy-digested European experience, seeks at once to put in practice what he has there acquired, having in the meantime forgotten much that had been learned in the medical college, simply from want of practical application of the same. I know that many of my hearers will agree with me as to the personal feeling of disqualification and inexperience encountered when first entering practice after graduation, and will recall the severity of the effort necessary to apply the principles learned to the actual disease state presented for treatment. How greatly must this be increased when, instead of personally meeting and overcoming difficulties in general practice, the freshly graduated student has at once turned to acquire quickly an entirely new subject and has had his mind filled with innumerable details pertaining only to the specialty he has sought to master.

But the difficulties in the way of a specialist becoming an all-round man do not end here. Feeling the necessity of developing the branch to which he has devoted his attention, in the best and fullest manner possible, his reading, often in the foreign languages, is generally very largely along the same line. Indeed so vast has become the literature in each branch of medicine that it is now really a physical and mental impossibility for one to read all that is written pertaining to even one special line; thus, very naturally, general reading and study must necessarily be neglected.

The same is true in regard to practice. The rising young specialist feels the need of seeing and doing as much as possible in his special department, and so every effort is made to secure a dispensary service in that line alone, and it would generally be considered a waste of time and energy to enter any other branch of practice. The present writer remembers very well, over a quarter of a century ago, how, on returning from foreign study he was more than annoyed and disappointed because he

could not at once secure a skin service at one of the leading dispensaries. In order to get a foothold he was led to take charge of a large class in general medicine ; and he has always felt thankful to the kind Providence which thus directed his attention again to and instructed him in the ordinary ailments of life, instead of permitting his thoughts and experiences to run alone in the narrow channel belonging to the study and practice of a pure specialty. This experience, following a father's wise instructions, together with general medical service as interne in the old New York Hospital, has been of inestimable service in connection with the subsequent development of a specialty along the lines of general medicine. From past experience and study of the question I would most strongly urge that those who contemplate practising any specialty in medicine should most certainly secure the experience of interne in the medical side of a general hospital, and afterwards attend a general medical class at a dispensary for as long a period as possible, even in connection with a special clinic along the chosen line of practice. It would also be very desirable if specialists could serve as visiting physicians to general medical hospitals, in order to broaden their views and to avoid the risks of routine which threaten them.

The question often arises in regard to the younger specialists taking general practice, and as far as I can learn it is quite customary for them to avoid it, and to seek to confine their practice exclusively to the branch which they are seeking to follow. This is too large a question to discuss fully at the present time, and there are reasons for and against the specialist engaging in general practice ; but in point of fact it is a misfortune for him to do so, from a broad medical aspect. The tendency to narrowness of vision generated by close attention to the details of one line of thought and practice cannot be too vigorously combated against.

We have spoken of the education of the specialist abroad, which was seen to be not without its drawbacks and objections; but unfortunately many who of late years have entered the ranks of specialists have not even had the advantages thus afforded. Without these opportunities of special study there are many who

have in other ways entered upon and followed special lines of practice with greater or less success, sometimes with relatively little equipment. All honor to those who struggle against difficulties and rise to a well-earned position, and I should by no means disparage laudable efforts in this direction. There are many practising in special lines who are ornaments to the profession, and who have done much to advance their special departments, who have had exceedingly meagre advantages in regard to early training, but whose indomitable courage and patient labor has more than compensated for the lack of early training. But the success of the few has been a temptation to very many others to seek, through a specialty, a short road to success in medicine, and I fear that the tendency to this is rather on the increase, and the note of warning should be sounded. It is, of course, quite possible for the physician, after many years of devotion to a special branch, and seeing many cases of one particular line of diseases, to become skilled therein, even without the best antecedent qualifications. But in the past few years there have been too many who, soon after graduation, and after a brief course of instruction in one of the post-graduate medical colleges, have launched out as specialists, and who in one way or another have been more or less recognized by the profession as leaders in this or that line, upon a very slim basis ; and, in the light of what has just been said, it is feared that they are far from being in the way of making substantial advances in the branches to which they have exclusively devoted their attention.

The means by which these aspirants for recognition as specialists come before the medical (and too often the lay) public are familiar to all.

Prominent among these is undoubtedly the unfortunate state of journalism, whereby, in the excessive multiplication of cheap medical periodicals, dependent largely upon semiquack advertisements, there is such a demand for literary material that there is no difficulty in securing publication for all articles, however trashy. We all feel in looking over files of medical journals that there is very much written and published that should never

have seen light, and it is difficult for the thoughtful person to see where the matter is to end.

Another fertile means for the advancement of quasi-specialists is found in the medical societies, also multiplied so greatly of late years. Too often it has happened that the misdirected zeal of officers of societies has led to the production and presentation of papers quite unworthy the occasion, and opportunities are offered in the papers and in discussion for the advancement of individual interests, not always the most desirable from a scientific point of view.

The colleges are also responsible, in a measure, for the development of the modern specialist. In the desire to have all the branches of medicine represented, special chairs are created and filled by the authorities by those who may or may not be best fitted for them; often it is difficult to secure those thoroughly qualified.

In one way or another, therefore, medical specialism has run rife of late years, and, as remarked before, many have been led prematurely into special practice as an easier and quicker path to success than the relatively slow and laborious road through general practice.

This leads us to the second aspect of "The Dangers of Specialism in Medicine;" namely, that relating to the pecuniary phase of the subject. The good Book says "he that maketh haste to be rich shall not be innocent," and "they that will be rich fall into temptation and a snare;" and, while the general practitioner has always been regarded as too negligent of monetary affairs, the charge of the reverse has sometimes been brought against the special consultant—perhaps with some shadow of justification, in particular instances. Time and space forbid our entering largely upon this delicate subject, but it is alluded to as an important element connected with the dangers of specialism in medicine. The fair fame of the medical profession, as a whole, as regards its beneficent and self-sacrificing character, suffers when any of its members give occasion for uncharitable judgment by the public.

Many of the grounds for this criticism are familiar to all. Such are, exorbitant charges for service or fees for operations; prolonged and unnecessary treatment; unjustifiable operations;

appearing in the public print ; securing patients by questionable means ; criticism of other practitioners, and many unethical practices which have sometimes been charged. Our noble profession should be above reproach ; but sadly enough “to err is human,” and also the bars leading to its entrance have been so widely thrown open that stray and black sheep have at times entered the fold. Fortunately such is the great exception, but realizing the dangers connected with specialism in medicine those who have its best interests at heart should be watchful, and seek to recognize and meet them.

How far the American Academy of Medicine can be able to stem the tide of what sometimes seems to be degeneracy in medical educational matters, cannot be foretold ! It has done much already in advancing the cause of higher education and by constant effort we can yet hope for further advances. All medical societies, as well as individuals should labor together for the highest professional and ethical standards, and seeing and recognizing the dangers connected with specialism in medicine we will be better able, in season and out of season, to elevate the status of the profession in all of its relations. It is in this spirit that I have endeavored to develop the subject proposed, and not from any hypercritical or captious desire to minimize the efforts of the steadily increasing army of those who are working in special fields.

When the profession fully realizes that there is a difference between the *true specialist* and the *exclusivist*, who knows only his own branch, however well that may be, and when the broadest medical education and experience are recognized as the only fit qualifications for the true specialist, there will be an improvement in the grade of special consultants and a higher meed of praise for those whose opportunities, talents, and labor have raised them from the rank and file of the general profession to positions of eminence as consultants in regard to particular classes of diseases. The general and medical public are not slow in recognizing the good from the bad, the spurious from the true ; and if only the leaders of the medical profession, and such leading societies as the American Academy of Medicine utter the note of warning, there will be improvement in the

mode of developing specialists to meet the demands of a more enlightened general and medical public.

Let the American Academy of Medicine, therefore, take courage and encouragement. Let it press forward still more earnestly and bravely in its excellent work, not only of urging better preliminary education but also of improving the curriculum of medical study and preparation for all the departments of medical work. Its supporters and the profession will then more and more feel and realize its altruistic character; and, if honor and renown do not come in the highest measure upon its members, they will have the highest of all satisfaction—that of having labored unselfishly for the best interests of their profession and for their fellow-men.